emailed Validation letter 12/1/09

Application for License to Operate a Long-term Care Facility

For Office	Use Only
For Office Received Amount 1	11.5.09
Amount _	\$ 1590:

Ch.#

I.	IDENTIFICATIO	IDENTIFICATION					
	Name	Mountain View Health Care Center P.O. Box 650, 945 West Russell Street					
	Address				RECEIVE		
	City/County/Zip	Elkhorn Ci	NOV 0 5 2009				
	Telephone numb	oer <u>(606)-75</u>		OFFICE OF INSPECTOR GENER.			
	Administrator Date facility operation began at current address April 1980						
	Date facility began operation under current owner 1981						
II.	TYPE BEDS		No. beds licensed		No beds requested		
	Skilled		106		106		
	Nursing Home						
	Nursing Facility				106		
	Intermediate Car	re	-		B		
	ICF/MR				B-04-00		
	Personal Care				**************************************		
II.	CONTROL (check one in each column)						
	State County City Private ✓		Profit ✓ Nonprofit		Individual Partnership ✓ Corporation		
II.	OWNERSHIP						
	Name and address of individual owner, partners or corporation. If partnership, list partners. Please see attached Exhibit "A" for Kentucky Medical Investors, Ltd.						
		e					

if facility owned of lease	d by a corporation, co	mpicte the following.	
Name of corporation	N/A		
Address of corporation			
President or Chairman			
Vice President			
Secretary			
Treasurer			
a twenty-five (25) perce	nt ownership interest i on, attach a separate s	addresses of each person han the facility. Please see attache the heet listing the names and ac	ed Exhibit "A"
	ip, attach a separate s ee attached Exhibit "A"	heet listing the names and a	ddresses of
Name and address of p	arent corporation and/	or management company, if	applicable.
Parent		Management Company	
		Life Care Centers of America,	Inc.
		3570 Keith Street , NW	***************************************
		Cleveland, TN 37312	
I understand that any change to the Office of Inspector Gene that this facility and all aspec surveillance by all state ager completing this application is falsification of this application Kentucky Medical Investors, Li	eral and a new applica its of its operation sh ncy licensure personn s accurate to the be	tion will be completed at that all be open at all times to i el. I certify that the inform st of my knowledge and r	time. I agree nspection and ation given in recognize that
By: ////////////////////////////////////		General Partner	11/04/2008
Samuel B. Kellet Signature of authorized repres	entative	Title	Date
Return Application and fee to:	275 Eas	f Inspector General t Main Street, 5E-A t, Kentucky 40621	

OIG 5 (10/2002)

KENTUCKY MEDICAL INVESTORS, LTD. as of 11/2/09

34 INVESTORS

35 UNITS

Ms. Gladys F. Adamczyk



Mr. Howell E. Adams, Jr.



Mr. Gene F. Bourgeois



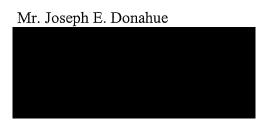
Dr. Lawrence T. Brueckner



William F. Coslett



Investment Management & Research FAO Lawrence H. Dempsey Dr. Larry H. Dempsey**for K-1's only-checks to be mailed to address labels



Thomas Grayson Easterling Testamentary Trust,



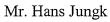
Ms. Yvonne Harless



Dr. Fred H. Ingram



Samuel B. Kellett & Stiles A. Kellett, Jr.

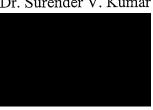




Dr. Sripatt and Mrs. Siriporn Kulkamthorn



Dr. Surender V. Kumar



Louellen W. Law and John B. Law, Jr.



Dr. Michael T. McKee



Ms. Donna W. Merkel



Mr. David D. Mooberry

Pornchai & Porntip Moolsintong T.O.D.



Mr. Edward J. Newby



Ms. Patricia Kapphahn



Amy Huggins Pike



Diana W. Reynolds



Robert S. Rogers, III



Mr. Thomas J. Sanfacon



William L. Shafer Revocable Trust

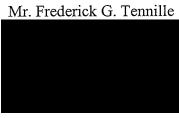


Somprasong and Suthin Songcharoen

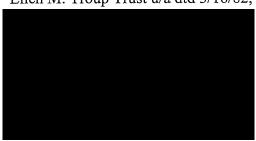


Dr. Martin B. Tanner





Ellen M. Troup Trust u/a dtd 3/16/82,



Charlotte R. Kellett Trust u/a dtd 3/4/82

William R. Bassett, TR



Mr. Michael C. Wheeler



Harvey C. Worthington, Successor Trustee